



**FORM 4309B**  
**SEMI-ANNUAL COMMERCIAL**  
**FEED TONNAGE REPORT**  
(Please see instruction sheet for completing form)

Washington State Department of Agriculture  
Pesticide Management Division  
PO Box 42591  
Olympia WA 98504-2591  
Telephone (360) 902-2080  
FAX (360) 902-2093

This form must be completed if you listed any tonnage on line 1c of form 4309.

<b>A</b>	<b>REPORTING PERIOD</b>
Check the applicable box and enter year: <input type="checkbox"/> January 1-June 30, 200__ <input type="checkbox"/> July 1-December 31, 200__	

<b>B</b>	COMPANY NAME	COMPANY #
Enter the company name and company number listed on form 4309, box B:		

<b>C</b>	Only Responsible Buyers may be listed on this form (see directions on page 3 of the instruction sheet.) List the facility/location name and address and the tons distributed. The information you provide on this form will be verified against the inspection reports from the companies you have listed.		<b>For Dept. Use Only Co. #</b>
		TONS	
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
Company Name:			
Address:			
<b>GRAND TOTAL:</b> (This amount must equal the amount listed on form 4309, line 1c)		<b>D</b>	